BARRON MEM MED CENTER-MAYO

222 E WOODLAND AVE

BARRON 54812 Phone: (715) 537-3186		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	37	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/04):	37	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	37	Average Daily Census:	43

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	13.5
Supp. Home Care-Personal Care	No					1 - 4 Years	56.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	29.7
Day Services	No	Mental Illness (Org./Psy)	40.5	65 - 74	2.7		
Respite Care	No	Mental Illness (Other)	2.7	75 - 84	35.1		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.2	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.7	95 & Over	18.9	Full-Time Equivalent	:
Congregate Meals	No	Cancer	2.7			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	2.7		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	10.8	65 & Over	100.0		
Transportation	No	Cerebrovascular	10.8			RNs	15.7
Referral Service	No	Diabetes	2.7	Gender	%	LPNs	8.1
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	24.3	Male	10.8	Aides, & Orderlies	61.2
Mentally Ill	No			Female	89.2		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other			Private Pay	2		amily Care			anaged Care	<u>l</u>		
Level of Care	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	3.4	121	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.7
Skilled Care	0	0.0	0	20	69.0	102	0	0.0	0	8	100.0	130	0	0.0	0	0	0.0	0	28	75.7
Intermediate				8	27.6	83	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	21.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		29	100.0		0	0.0		8	100.0		0	0.0		0	0.0		37	100.0

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BARRON MEM MED CENTER-MAYO

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, and	d Activities as of 12,	31/04
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.6	Bathing	0.0		62.2	37.8	37
Other Nursing Homes	0.0	Dressing	0.0		75.7	24.3	37
Acute Care Hospitals	88.9	Transferring	8.1		64.9	27.0	37
Psych. HospMR/DD Facilities	0.0	Toilet Use	0.0		54.1	45.9	37
Rehabilitation Hospitals	0.0	Eating	16.2		73.0	10.8	37
Other Locations	5.6	******	******	*****	* * * * * * * * * * * * * * * * * *	******	******
Total Number of Admissions	18	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	10.8	Receiving Resp	iratory Care	5.4
Private Home/No Home Health	8.0	Occ/Freq. Incontine	nt of Bladder	81.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	16.0	Occ/Freq. Incontine	nt of Bowel	67.6	Receiving Suct	ioning	0.0
Other Nursing Homes	8.0	į			Receiving Osto	my Care	0.0
Acute Care Hospitals	24.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.0	Receiving Mech	anically Altered Diets	16.2
Rehabilitation Hospitals	0.0	İ					
Other Locations	8.0	Skin Care			Other Resident C	haracteristics	
Deaths	36.0	With Pressure Sores		2.7	Have Advance D	irectives	73.0
Total Number of Discharges		With Rashes		2.7	Medications		
(Including Deaths)	25	į			Receiving Psyc	hoactive Drugs	48.6

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This	Other 1	Hospital-	i	All
	Facility	Based Fa	acilities	Fac	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.2	91.7	0.99	88.8	1.03
Current Residents from In-County	86.5	85.3	1.01	77.4	1.12
Admissions from In-County, Still Residing	27.8	14.1	1.97	19.4	1.43
Admissions/Average Daily Census	41.9	213.7	0.20	146.5	0.29
Discharges/Average Daily Census	58.1	214.9	0.27	148.0	0.39
Discharges To Private Residence/Average Daily Census	14.0	119.8	0.12	66.9	0.21
Residents Receiving Skilled Care	78.4	96.2	0.81	89.9	0.87
Residents Aged 65 and Older	100.0	90.7	1.10	87.9	1.14
Title 19 (Medicaid) Funded Residents	78.4	66.8	1.17	66.1	1.19
Private Pay Funded Residents	21.6	22.6	0.96	20.6	1.05
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	43.2	32.7	1.32	33.6	1.29
General Medical Service Residents	24.3	22.0	1.10	21.1	1.15
Impaired ADL (Mean)*	62.7	49.1	1.28	49.4	1.27
Psychological Problems	48.6	53.5	0.91	57.7	0.84
Nursing Care Required (Mean)*	3.4	7.4	0.46	7.4	0.45